



## Hawai'i Island Portuguese Chamber of Commerce Membership Application

Date: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone (Home/Cell): \_\_\_\_\_

Business Name: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Title: \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Hobbies/Interests: \_\_\_\_\_

Dues: \$50 Regular \$\_\_\_\_\_

\$35 Emeritus (65+) \$\_\_\_\_\_

\$100 With Website Advertisement \$\_\_\_\_\_

Donation to HIPCC Cultural & Educational Center \$\_\_\_\_\_

**Total \$\_\_\_\_\_**

*Please make checks payable to HIPCC*

Send paper correspondence to (check one): Mailing Address \_\_\_\_\_ Business Address \_\_\_\_\_

I agree to opt into HIPCC email correspondence: initial \_\_\_\_\_

Applicant Signature: \_\_\_\_\_

Sponsor Name: \_\_\_\_\_

Sponsor Signature: \_\_\_\_\_